



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services
255 Rockville Pike, 2nd Floor
Rockville, Maryland 20850
240-777-3986 Fax 240-777-3088

Website: www.montgomerycountymd.gov/mc/services/hhs/license

FOOD SERVICE FACILITY/EATING AND DRINKING
ESTABLISHMENT PERMIT APPLICATION

Application is hereby made for a permit to operate a Food Services Facility/Eating and Drinking
Establishment in Montgomery County, Maryland.

New ☐ Renewal ☐ Change of Owner ☐ TODAY'S DATE _____
(Please Print)

Name of Facility: _____ Phone #: _____
include area code

Address of Facility: _____
Street Number and Street Name

City _____ State _____ Zip Code _____

Does the Business do Catering? Yes ☐ No ☐

Owner or Corporation Name: _____ Phone #: _____
include area code

Fax Telephone: _____ Email Address: _____
Include area code

Owner or Corporation Address: _____
Street Number and Street Name

City _____ State _____ Zip Code _____

Former Name of Facility (If Applicable): _____

Normal Working Hours and Days of Open for Business: _____

Water Supply: Public ☐ or Well ☐ Sewerage: Public ☐ or Septic System ☐
(Note: 30 days required for well water testing – contact Well & Septic Section at 301-217-6160)

Workman's Compensation Insurance Information*

Insurance Company Name: _____

Policy/Binder Number: _____

*If you do not have Workman's Compensation Insurance, you must submit a copy of your
Certification of Compliance issued by the Workman's Compensation Commission.

Signature of Owner: _____

Printed Name of Above Signature: _____

Fee Information: *Please refer to Food Fact Sheet*

Payment Method

☐ Cash ☐ Check ☐ Money Order ☐ Visa ☐ MasterCard

Credit Card No: _____ Name on Card: _____ Exp. Date: _____

Submit completed application and application fee to Licensure and Regulatory Services, 255 Rockville Pike,
2nd Floor, Rockville, Maryland 20850. Payment can be made by check or money order, payable to "Montgomery
County, Maryland" or on a Visa or Mastercard credit card or checking card. *We are unable to accept cash
payments.*

OFFICE USE ONLY

Receipt Number: _____

Amount Paid: _____

Check/Money Order Number: _____

Date Issued: _____

Date Expires: _____

License Number: _____